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April 17, 2007

TO: U.S. Patent and Trademark Office**ATTN:****FAX NO.:** 571-273-8300**TELEPHONE:****FROM:** David E. Moore/gul**RE:** Filing Amendment Response due April 17, 2007**YOUR REFERENCE:** O/R:P1S2001295US**OUR DOCKET:** 1076.1074**NO. OF PAGES (Including this Cover Sheet)** 11**PRIVILEGED & CONFIDENTIAL**

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P.O. Box 1480, Alexandria, VA 22313-1480

on April 17, 2007By: David E. MooreDate: April 17, 2007

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APR 17 2007 S&H Form: (02/05)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	1076.1074		
		Application Number	10/092,463		
		Filing Date	March 8, 2002		
		First Named Inventor	Noriko SOMA		
		Group Art Unit	3694		
AMOUNT ENCLOSED	450.00	Examiner Name	Behrang Badii		
FEE CALCULATION (fees effective 12/08/04)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	14	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	5	- 5 =	0	X \$ 200.00 =	0.00
Since an Official Action set an original due date of February 17, 2007, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months					450.00
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 450.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 450.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed.					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. 19-3935 Deposit Account Name STAAS & HALSEY LLP					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	David E. Moore <i>Michael P. Stanley</i>		Reg. No.	59,047 58,523	
Signature	<i>Michael P. Stanley</i>		Date	April 17, 2007	

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